

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002339

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

FILED FEB 8 1963

Primary Registration District No. 3036

Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
Length of stay in 1b <u>4 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>140 West Locust</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cecil</u> Middle <u>Alverda</u> Last <u>Wells</u>		4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/14/1877</u>
9. AGE (last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Jewell County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Oscar Mead Dickson</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine A. Cowgill</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs. E. Hatten, Aurora, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>10:00</u> Month, Day, Year <u>Jan 30 1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Aurora, Lawrence, Mo</u>		20g. COUNTY <u>Lawrence</u>	
20h. STATE <u>Mo</u>		21. I attended the deceased from <u>November</u> to <u>January</u> and last saw him alive on <u>1/30/63</u> Death occurred at <u>10:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>William P. Hatten, M.D.</u>		22b. ADDRESS <u>Aurora, Mo</u>	
22c. DATE SIGNED <u>1/31/63</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 2, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pine View Cemetery</u>		23d. LOCATION (City, town, or county) <u>Waukegan, Illinois</u>	
24. FUNERAL DIRECTOR <u>Marsh Funeral Home, Inc., Aurora, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 1, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>George A. Ingley</u>		27. (State)	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1 2 3 4 5 6 7 8 9 10 11 12 13

1-0 1-0

Transfer moved 2-1-63.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by EVERETT CRAWFORD, JR. Student Embalmer No. 675

working under my personal supervision.

Student Everett Crawford, Jr.
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 1213

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.